

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	/					
4	/					
5	/					
6	/					
7	/					
8	2					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
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35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
62		/				
63		/				
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65		/				
66		/				
67		/				
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69		/				
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84		/				
85		/				
86		/				
87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		3				
99		3				
100		3				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

**FLUNG DATE**

**APPLICANT(S)**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
101						
2		✓				
3		✓				
4		✓				
5		✓				
6		✓				
7		✓				
8		✓				
9		✓				
10		✓				
11		✓				
12		✓				
13		✓				
14		✓				
15		✓				
16		✓				
17		✓				
18		✓				
19		✓				
20		✓				
21		✓				
22		✓				
23		✓				
24		✓				
25		✓				
26		✓				
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28		✓				
29		✓				
30		✓				
31		✓				
32		✓				
33		✓				
34		✓				
35		✓				
36		✓				
37		✓				
38		✓				
39		✓				
40		✓				
41		✓				
42		✓				
43		✓				
44		✓				
45		✓				
46		✓				
47		✓				
48		✓				
49		✓				
50		✓				
TOTAL IND.	1					
TOTAL DEP.	156					
TOTAL CLAIMS	157					

CLAIMS							
	IND	DEP	IND	DEP	IND	DEP	
51							
52							
53							
54							
55							
56							
57							
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							